

MEDICAID OBSTETRICAL AND MATERNAL SERVICES

MOMS BILLING GUIDELINES



Questions Frequently Asked About MOMS

1. What is the purpose of the MOMS program?

The purpose of the MOMS program is to improve access to maternity care services by providing increased Medicaid fees to private practicing physicians, nurse practitioners and licensed midwives. A key component of the MOMS program is the requirement that Health Supportive Services (HSS) be available to Medicaid-eligible pregnant women.

2. What are HSS?

HSS include the following:

- ♥ Outreach
- ♥ Presumptive eligibility and assistance with the Medicaid application process
- ♥ Health education
- ♥ Psychosocial assessment and counseling
- ♥ Nutrition assessment and counseling
- ♥ Case management, including referrals to WIC, substance abuse treatment programs, and other community resources
- ♥ Follow-up on missed appointments
- ♥ Arrangement of transportation for prenatal care
- ♥ HIV counseling and testing services
- ♥ Non-medical postpartum services

3. Which patients should be referred for HSS?

Due to recent eligibility expansions, more women are now eligible for Medicaid.

All Medicaid-eligible (or potentially eligible) pregnant women should be referred for HSS to determine eligibility, to get assistance with the Medicaid application and to receive services as outlined in #2 above.

The table on the following page lists eligibility levels for pregnant women and children:

**MEDICAID (ANNUAL AND MONTHLY) INCOME LEVELS
FOR PREGNANT WOMEN AND CHILDREN**

JANUARY 1, 2005

Household Size	Two	Three	Four	Five	Six	Seven	Eight	Each Additional Person
100%	\$12,830	\$16,090	\$19,350	\$22,610	\$25,870	\$29,130	\$32,390	+\$3,260
FPL	\$ 1,070	\$ 1,341	\$ 1,613	\$ 1,885	\$ 2,156	\$ 2,428	\$ 2,700	+\$ 272
133%	\$17,064	\$21,400	\$25,736	\$30,072	\$34,408	\$38,743	\$43,079	+\$4,336
FPL	\$ 1,422	\$ 1,784	\$ 2,145	\$ 2,506	\$ 2,868	\$ 3,229	\$ 3,590	+\$ 362
200%	\$25,660	\$32,180	\$38,700	\$45,220	\$51,740	\$58,260	\$64,780	+\$6,520
FPL	\$ 2,139	\$ 2,682	\$ 3,225	\$ 3,769	\$ 4,312	\$ 4,855	\$ 5,399	+ 544

- A pregnant woman counts as two.
- Children under 1 year eligible at 200%.
- Children 1-5 years are eligible at 133%.
- Children 6-18 years are eligible at 100%, effective April 1, 2005.

Revised February 23, 2005



4. Who provides HSS?

Health Supportive Services can be rendered by approved Article 28 hospitals or diagnostic & treatment centers, Article 36 certified home health agencies, county health departments, physicians, licensed midwives, nurse practitioners.

5. Where do I find an HSS provider?

A list of eligible HSS providers is available from:

**Bureau of Women's Health
Perinatal Health Unit
New York State Department of Health
Empire State Plaza
Corning Tower -Room 1882
Albany, New York 12237**

gej03@health.state.ny.us

(518) 474-1911

or

www.health.state.ny.us/nysdoh/perinatal/en/momsmap.htm

6. Is there any MOMS information available on the internet?

Yes. Information on the following topics is available at the NYS Department of Health website at:

www.health.state.ny.us/nysdoh/perinatal/en/moms.htm

- 📁 MOMS Program Description and Eligibility Requirements
- 📁 MOMS Application for Enrollment as a Specialist
- 📁 Standards for Providers of MOMS Health Supportive Services
- 📁 Application To Provider Health Supportive Services in The Medicaid Obstetrical and Maternal Services Program
- 📁 Medicaid Income Levels for Children and Pregnant Women
- 📁 MOMS Health Supportive Services (HSS) Program and Billing Guidelines in PDF format
- 📁 MOMS Billings Guidelines in PDF format
- 📁 Find a MOMS HSSP nearest you

7. What are my obligations?

As a MOMS provider, you agree to inform all Medicaid-eligible (or potentially eligible) women about the presence, location, coverage, and potential benefits of HSS, and to make a written referral, using a form provided by the State or an equivalent form. One copy will be given to the client, and one copy will be sent to the HSS provider.

You also agree to the timely exchange of information with the HSS provider on an ongoing basis regarding:

- ♥ The availability of your services
- ♥ Referral and appointment information
- ♥ Adoption of procedures for following up on missed appointments
- ♥ Consulting on specific patient needs
- ♥ Bringing forth problems for discussion and resolution
- ♥ Mutually-agreed-upon data pertinent to patient assessment and patient services

Additionally, as a MOMS provider you agree to safeguard patient confidentiality and to obtain patient consent.

8. When should I make the referral to the HSS?

Written referrals must be made prior to, or immediately following, the first prenatal medical visit.

9. If, after my referral, the patient refuses the services of the HSS provider can I still bill at the enhanced fee?

Yes. You can bill the enhanced fee as long as the appropriate referral form has been completed, with one copy given to the client and one copy sent to the HSS provider.

10. Is there a written agreement with the HSS provider?

Yes. As a MOMS provider, you must sign an agreement that links you with an HSS provider. You must agree to participate and cooperate in programs and procedures for the provision of comprehensive prenatal services to New York State Medicaid-eligible women.

11. Can I have a written agreement with more than one HSS provider?

Yes. You may have signed agreements with multiple HSS providers. However, it is recommended that the number be limited to enhance better communication and consistency of service.

12. If my written agreement is with a CHHA HSS which only provides services to one county and my patients live in multiple counties, must I establish an HSS agreement with an additional HSS provider?

Yes. All Medicaid-eligible patients must have access to HSS.

13. Can I arrange for HSS by telephone?

Yes. However, any arrangements made by telephone must have written confirmation using the HSS referral form.

14. If I am a full-time or part-time physician employed by a hospital or clinic, can I enroll in the MOMS program and be paid at the MOMS rates for services I render to patients registered at the hospital or clinic?

No. If the physician is salaried by a freestanding clinic for patient care, he/she may not bill fee-for-service for care provided at any of that clinic's sites.

The costs used to develop the Medicaid payment to a hospital or clinic may include physician salaries for administration, teaching and/or patient care. Medicaid should not be billed on a fee-for-service basis for patient care which is covered by a facility's rate, since this would be a duplicate billing.

If a hospital includes the physician's patient care salary in its Medicaid cost report that salary covers care of the facility's patients in both the inpatient and outpatient setting. Medicaid should not be billed on a fee-for-service basis for hospital outpatient department patients, even when they are seen in the inpatient setting.

15. I'm providing prenatal services to patients at a PCAP Clinic, (an approved DOH Article 28 facility). What services can I bill Medicaid at the MOMS rates?

You can bill MMIS the MOMS rates for "delivery only" (codes 59409, 59612, 59514, or 59620). MOMS providers rendering services at an approved DOH Article 28 facility PCAP site will be reimbursed for prenatal and postpartum care by PCAP according to the terms of a pre-negotiated contract between the program (PCAP) and the provider.

16. If I provide a consultation in my office to a patient registered with PCAP, for what services can I bill the MOMS rate?

You **cannot** bill Medicaid (MMIS) for services provided to a patient registered with a PCAP. Except for visits to specialists (including perinatologists), all prenatal and postpartum care services provided to these patients will be reimbursed by the program (PCAP). If a PCAP patient is referred to a specialist, the specialist should bill Medicaid according to his/her usual practice (i.e., this would depend on whether the specialist is salaried by a facility or is in a private office setting).

17. Are service authorizations necessary prior to billing MOMS services?

No. Service authorizations are not required for prenatal or postpartum care for HSS visits for CHHAs, clinics enrolled with specialty code 904*, or physician services billed on paper with specialty code 159. These services are all exempt from Utilization Thresholds (UTs). However, other Medicaid services that are not pregnancy related may be subject to UT's.

*Providers billing electronically using HIPAA 837 Institutional (Article 28 clinics) or 837 Professional (physicians) must enter SA exception code 7 in loop 2300 Ref 02 to override the UT requirement. There is no field entry for specialty code within the HIPAA 837 formats.

18. What procedure codes do I use for MOMS reimbursement?

The procedure codes are included on pages 9, 10, 12, 14, 16, 18.

19. What other billing requirements are associated with MOMS?

Billing requirements and the use of certain procedure codes and specialty codes may vary for MOMS physicians and licensed midwives based on the existence of a contract. The following pages detail the use of appropriate procedure codes, sample claim forms, and other pertinent billing information.



- MOMS physicians and licensed midwives billing “delivery only” codes may bill hospital E/M codes for **inpatient** postpartum visits. However, specialty code 159* *cannot* be used in conjunction with E/M codes. Physicians enrolled with the Department of Health as specialists may use their assigned specialty code* when billing E/M codes.
- MOMS physicians who are **not** PCAP subcontractors may bill at the enhanced MOMS rates for certain radiology codes (76801, 76802, 76805, 76810, 76811, 76812, 76815, 76816, 76817, 76818, 76819) on a fee-for-service basis. There is a professional/technical split for billing purposes, depending on the place of service.

If the procedure was performed in the hospital and the physician interpreted the results of the test, the MOMS physician will bill for the procedure with modifier 26 and specialty code 159*.

The referring physician’s Name and Medicaid ID# or License Number and License Type are required when billing for these radiology codes.

- “Global” reimbursement includes all prenatal visits, delivery, and all postpartum visits.

* The use of specialty codes are applicable to the proprietary electronic format and paper billing only.

20. Can a MOMS physician bill Medicaid for interpretation (professional component) for fetal non-stress tests performed in the hospital or a D&T center?

No. MOMS physicians who are **not** PCAP subcontractors can only bill the enhanced fee for fetal non-stress tests when they are performed in the provider’s office. The fetal non-stress test (procedure code 59025) *cannot* be split-billed into professional/technical components. If the procedure was performed in the hospital or D&T center and the MOMS physician interprets the results of the test, the physician should be reimbursed by the hospital or D&T center according to the terms of the contract or arrangement between the facility and the physician.

21. Who can I call if I have further questions?

Questions about ***billing procedures*** should be directed to:

**Computer Sciences Corporation
Practitioner Services
(800) 343-9000**

Questions about ***policy***, related to the MOMS program, should be directed to:

**New York State Department of Health
Office of Medicaid Management
(518) 486-6562**

MOMS Program - Attachment

Sample Claim Forms, Procedure Codes, and Fees

Please note the following information regarding the sample claims in this attachment:

- The following claim form examples are for illustrative purposes only. Detailed billing instructions are in the Billing section of the MMIS Provider Manual.
- Physician's claims for services not found on the list of MOMS enhanced fee procedures should **not** be billed with specialty code 159*.

* The use of specialty codes are applicable to the proprietary electronic format and paper billing only.

Sample claims are as follows:

Sample 1	MOMS Physician <i>(Referral arrangement with HSS)</i>	Page 11
Sample 2	MOMS Physician <i>(PCAP contractor)</i>	Page 13
Sample 3	MOMS Licensed Midwife <i>(Referral arrangement with HSS)</i>	Page 15
Sample 4	MOMS Licensed Midwife <i>(PCAP contractor)</i>	Page 17
Sample 5	MOMS Nurse Practitioner <i>(Referral arrangement with HSS)</i>	Page 19

MOMS Physician

(Referral arrangement with HSS - enter Specialty Code 159 on claim)

Procedure Code	Description	Maximum Fee
59400	Routine obstetric care, including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and (inpatient and outpatient) postpartum care (total, all-inclusive, “global” care).	\$1,440
59409	Vaginal delivery only (with or without episiotomy, and/or forceps); (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum visits *).	883
59410	Including (inpatient and outpatient) postpartum care	960
New 59425*	Antepartum care only; 4 - 6 visits (includes reimbursement for one initial antepartum encounter (\$69.00) and five subsequent encounters (\$59.00) . If less than 6 antepartum encounters were provided, adjust the amount charged accordingly).*	364
New 59426*	Antepartum care only; 7 or more visits (includes reimbursement for one initial antepartum encounter (\$69.00) and eight subsequent encounters (\$59.00) . If less than 9 antepartum encounters were provided, adjust the amount charged accordingly. For 6 or less antepartum encounters, see code 59425.)	541
59430	Postpartum care only (outpatient) (separate procedure)	59
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and (inpatient and outpatient) postpartum care, after previous cesarean delivery (total, all-inclusive, “global” care)	1,440
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum care visits	883
59614	including (inpatient and outpatient) postpartum care	960

* Providers should bill the appropriate code after all antepartum care has been rendered using the last antepartum visit as the date of service. See example claim form on page 11.

Cesarean Section

59510	Routine obstetric care including antepartum care, cesarean delivery, and (inpatient and outpatient) postpartum care (total, all-inclusive, “global” care)	\$1,440
59514	Cesarean delivery only; (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum visits *).	883
59515	Including (inpatient and outpatient) postpartum care	960
59618	Routine obstetric care including antepartum care, cesarean delivery, and (inpatient and outpatient) postpartum care, following attempted vaginal delivery after previous cesarean delivery (total, all-inclusive, “global” care)	1,440
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum care visits)	883
59622	including (inpatient and outpatient) postpartum care	960

***NOTE:** Inpatient hospital (E/M codes) visits should **not** be billed with MOMS specialty code 159. Bill visits on a separate claim with the appropriate physician specialty code.

MOMS Physician

(Referral arrangement with HSS - enter Specialty Code 159 on claim)

Other Procedures and Tests

59025	Fetal non-stress test (in office, cannot be billed with professional component modifier 26)	\$70
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester, (<14 weeks 0 days), transabdominal approach (complete fetal and maternal evaluation); single or first gestation	\$174
76802	each additional gestation (List separately in addition to code for primary procedure) (Use 76802 in conjunction with code 76801)	\$136
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach (complete fetal and maternal evaluation): single or first gestation	\$174
76810	each additional gestation (List separately in addition to code for primary procedure)	\$136
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach (complete fetal and maternal evaluation): single or first gestation	\$241
76812	each additional gestation (list separately in addition to code for primary procedure) (Use 76812 in conjunction with 76811)	\$120
76815	Limited (fetal size, heartbeat, placental location, fetal position, or emergency in the delivery room)	\$116
76816	Follow-up or repeat	\$97
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$190
76818	Fetal biophysical profile; with non-stress testing	\$135
76819	Fetal biophysical profile; without non-stress testing	\$135

NOTE: The above-listed ultrasound codes **can** be billed with professional component modifier 26. Reimbursement will not exceed 40% of maximum fee for procedure.

The ordering/referring provider's Name and Medicaid ID number or License Number and License Type are required on the claim when billing for ultrasound procedures.

New ultrasound procedure codes updated on 07/01/03 are identified in **BOLD** type.

Sample 1

MOMS PHYSICIAN - REFERRAL ARRANGEMENT WITH HSS

MEDICAL ASSISTANCE HEALTH INSURANCE CLAIM FORM		TITLE XIX PROGRAM		EMERGENCY CODE	ONLY TO BE USED TO ADJUST/OVERSEE CLAIM	CODE	ORIGINAL CLAIM REFERENCE NUMBER
1. PATIENT'S NAME (First name, middle initial, last name)		2. PATIENT'S BIRTH DATE		3A. TOTAL ANNUAL FAMILY INCOME	3. INSURED'S NAME (First name, middle initial, last name)	4. MEDICARE NUMBER	5A. MEDICARD NUMBER
Marie Simmons		1/71		159			9171516131218
4. PATIENT'S ADDRESS (Street, City, State, Zip Code)		5. PATIENT'S SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>		6A. INSURED'S SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	6. MEDICARE NUMBER	6A. MEDICARD NUMBER	
		7. PATIENT'S RELATIONSHIP TO INSURED SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>		8. INSURED'S EMPLOYER OR OCCUPATION			
8. OTHER HEALTH INSURANCE COVERAGE - Enter Name of Policyholder, Plan Name and Address, and Policy or Private Insurance Number		9. WAS CONDITION RELATED TO PATIENT'S EMPLOYMENT <input type="checkbox"/> CRIME VICTIM <input type="checkbox"/> AUTO ACCIDENT <input type="checkbox"/> OTHER LIABILITY <input type="checkbox"/>		11. INSURED'S ADDRESS (Street, City, State, Zip Code)			
		12. DATE		13. INSURED'S SIGNATURE			
12. PATIENT'S OR AUTHORIZED SIGNATURE							
PHYSICIAN OR SUPPLIER INFORMATION (REFER TO REVERSE BEFORE COMPLETING AND SIGNING)							
14. DATE OF ONSET OF CONDITION	15. FIRST CONSULTED FOR CONDITION	16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS YES <input type="checkbox"/> NO <input type="checkbox"/>	17A. EMERGENCY RELATED YES <input type="checkbox"/> NO <input type="checkbox"/>	17. DATE PATIENT MAY RETURN TO WORK	18. DATES OF DISABILITY TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/>	19. DATES OF DISABILITY FROM TO	
19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		19A. ADDRESS (FOR SIGNATURE SHEET ONLY)		19B. TYPE		19C. IDENTIFICATION NUMBER	
						01234567	
20. FOR SERVICES RELATED TO HOSPITALIZATION, GIVE HOSPITALIZATION DATES		20A. NAME OF HOSPITAL		20B. SURGERY DATE		20C. TYPE OF SURGERY	
ADMITTED DISCHARGED							
21. NAME OF FACILITY WHERE SERVICES RENDERED (if other than home or office)		21A. ADDRESS OF FACILITY		22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE YES <input type="checkbox"/> NO <input type="checkbox"/>		22B. STATUS CODE	
23A. SERVICES PROVIDED NAME		23B. Type		23C. IDENTIFICATION NUMBER		23D. STATUS CODE	
24. DIAGNOSIS OR NATURE OF ILLNESS. RELATE DIAGNOSIS TO PROCEEDURE IN COLUMN 24F BY REFERENCE TO ICD-9-CM OR ICD-10 CODE		24A. SOURCE CODE		24B. SOURCE CODE		24C. SOURCE CODE	
1. 2. 3.							
24A. DATE OF SERVICE	24B. PLACE TYPE	24C. SOURCE CODE	24D. SOURCE CODE	24E. SOURCE CODE	24F. SOURCE CODE	24G. DATES OR UNITS	24H. CHARGES
05 01 02	1	7618105			V 2 2 1		\$147.00
07 08 02	1	5941215			V 2 2 1		246.00
07 10 02	3	595115			V 2 2 1		960.00
24I. PROCEDURE CODE (24A. MOD.)							
24J. CHARGES							
24K. CHARGES							
24L. CHARGES							
24M. CHARGES							
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MOMS Physician

(PCAP contractor – enter Specialty Code 159 on claim)

Procedure Code	Description	Maximum Fee
59409	Vaginal delivery only (with or without episiotomy, and/or forceps); (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum care visits *).	\$883
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum care visits.	883
59514	Cesarean delivery only; (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum care visits *).	883
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum care visits)	883

NOTE: Inpatient hospital visits should **not** be billed with MOMS specialty code 159. Bill visits (E/M codes) on a separate claim with the appropriate physician specialty code (e.g. 089 – Obstetrics and Gynecology, or 050 – Family Practice).

Sample 2

MOMS PHYSICIAN – PCAP CONTRACTOR

MEDICAL ASSISTANCE HEALTH INSURANCE CLAIM FORM		TITLE XIX PROGRAM		ORIGINAL CLAIM REFERENCE NUMBER
1. PATIENT'S NAME (First name, middle initial, last name)		2. PATIENT'S BIRTH DATE	3A. TOTAL ANNUAL FARM Y INCOME	3. INSUREE'S NAME (First name, middle initial, last name)
Theresa Evans		1/68		
4. PATIENT'S ADDRESS (Street, City, State, Zip Code)		5. PATIENT'S SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>	6A. INSUREE'S SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	6. MEDICARE NUMBER
		7. PATIENT'S TELEPHONE NUMBER	8. PRIORITIZATION NUMBER	9A. MEDICARE NUMBER
				10. MEDICARE NUMBER
10. PATIENT'S EMPLOYER, OCCUPATION OR SCHOOL		7. PATIENT'S RELATIONSHIP TO INSURED SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>	8. INSUREE'S EMPLOYER OR OCCUPATION	
9. OTHER HEALTH INSURANCE COVERAGE - Enter Name of Policy Holder, Plan Name and Address, and Policy or Private Insurance Number		10. WAS CONDITION RELATED TO PATIENT'S EMPLOYMENT <input type="checkbox"/> CRIME VICTIM <input type="checkbox"/> AUTO ACCIDENT <input type="checkbox"/> OTHER LIABILITY <input type="checkbox"/>	11. INSUREE'S ADDRESS (Street, City, State, Zip Code)	
12. PATIENT'S OR AUTHORIZED SIGNATURE		13. INSUREE'S SIGNATURE		
PHYSICIAN OR SUPPLIER INFORMATION (REFER TO REVERSE BEFORE COMPLETING AND SIGNING)				
14. DATE OF DEBILITY OF CONDITION	15. FIRST CONSULTATION FOR CONDITION	16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOM YES <input type="checkbox"/> NO <input type="checkbox"/>	17. DATE PATIENT MAY RETURN TO WORK	18. DATES OF DEBILITY TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/>
19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	20. ADDRESS (For Signature) (M/F Only)	21. NAME OF HOSPITAL	22. SURGERY DATE	23. TYPE OF SURGERY
24. FOR SERVICES RENDERED TO HOSPITALIZATION - GIVE HOSPITALIZATION DATES	25. NAME OF FACILITY WHERE SERVICES RENDERED (If other than home or office)	26. TYPE	27. IDENTIFICATION NUMBER	28. STATUS CODE
29. SERVICE PROVIDER NAME	30. TYPE	31. IDENTIFICATION NUMBER	32. POSSIBLE DISABILITY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	33. FAMILY PLANNING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
34. DIAGNOSIS OR NATURE OF ILLNESS (RELATE DIAGNOSIS TO PROCEDURE IN COLUMN 34F BY REFERENCE TO NUMBERS 1, 2, 3, ETC. OR USE CODE)	35. DATE OF SERVICE	36. TIME	37. SOURCE CODE	38. CHARGES
1. 2. 3.	07/17/02	3	5/9/5/1/4	Cesarean Delivery Only
39. PROCEDURE CODE (SAME MOD.)	40. CHARGE CODE	41. DAYS OR UNITS	42. CHARGES	43. DAYS OR UNITS
44. PROCEDURE CODE (SAME MOD.)	45. CHARGE CODE	46. DAYS OR UNITS	47. CHARGES	48. DAYS OR UNITS
49. PROCEDURE CODE (SAME MOD.)	50. CHARGE CODE	51. DAYS OR UNITS	52. CHARGES	53. DAYS OR UNITS
54. PROCEDURE CODE (SAME MOD.)	55. CHARGE CODE	56. DAYS OR UNITS	57. CHARGES	58. DAYS OR UNITS
59. PROCEDURE CODE (SAME MOD.)	60. CHARGE CODE	61. DAYS OR UNITS	62. CHARGES	63. DAYS OR UNITS
64. PROCEDURE CODE (SAME MOD.)	65. CHARGE CODE	66. DAYS OR UNITS	67. CHARGES	68. DAYS OR UNITS
69. PROCEDURE CODE (SAME MOD.)	70. CHARGE CODE	71. DAYS OR UNITS	72. CHARGES	73. DAYS OR UNITS
74. PROCEDURE CODE (SAME MOD.)	75. CHARGE CODE	76. DAYS OR UNITS	77. CHARGES	78. DAYS OR UNITS
79. PROCEDURE CODE (SAME MOD.)	80. CHARGE CODE	81. DAYS OR UNITS	82. CHARGES	83. DAYS OR UNITS
84. PROCEDURE CODE (SAME MOD.)	85. CHARGE CODE	86. DAYS OR UNITS	87. CHARGES	88. DAYS OR UNITS
89. PROCEDURE CODE (SAME MOD.)	90. CHARGE CODE	91. DAYS OR UNITS	92. CHARGES	93. DAYS OR UNITS
94. PROCEDURE CODE (SAME MOD.)	95. CHARGE CODE	96. DAYS OR UNITS	97. CHARGES	98. DAYS OR UNITS
99. PROCEDURE CODE (SAME MOD.)	100. CHARGE CODE	101. DAYS OR UNITS	102. CHARGES	103. DAYS OR UNITS
104. PROCEDURE CODE (SAME MOD.)	105. CHARGE CODE	106. DAYS OR UNITS	107. CHARGES	108. DAYS OR UNITS
109. PROCEDURE CODE (SAME MOD.)	110. CHARGE CODE	111. DAYS OR UNITS	112. CHARGES	113. DAYS OR UNITS
114. PROCEDURE CODE (SAME MOD.)	115. CHARGE CODE	116. DAYS OR UNITS	117. CHARGES	118. DAYS OR UNITS
119. PROCEDURE CODE (SAME MOD.)	120. CHARGE CODE	121. DAYS OR UNITS	122. CHARGES	123. DAYS OR UNITS
124. PROCEDURE CODE (SAME MOD.)	125. CHARGE CODE	126. DAYS OR UNITS	127. CHARGES	128. DAYS OR UNITS
129. PROCEDURE CODE (SAME MOD.)	130. CHARGE CODE	131. DAYS OR UNITS	132. CHARGES	133. DAYS OR UNITS
134. PROCEDURE CODE (SAME MOD.)	135. CHARGE CODE	136. DAYS OR UNITS	137. CHARGES	138. DAYS OR UNITS
139. PROCEDURE CODE (SAME MOD.)	140. CHARGE CODE	141. DAYS OR UNITS	142. CHARGES	143. DAYS OR UNITS
144. PROCEDURE CODE (SAME MOD.)	145. CHARGE CODE	146. DAYS OR UNITS	147. CHARGES	148. DAYS OR UNITS
149. PROCEDURE CODE (SAME MOD.)	150. CHARGE CODE	151. DAYS OR UNITS	152. CHARGES	153. DAYS OR UNITS
154. PROCEDURE CODE (SAME MOD.)	155. CHARGE CODE	156. DAYS OR UNITS	157. CHARGES	158. DAYS OR UNITS
159. PROCEDURE CODE (SAME MOD.)	160. CHARGE CODE	161. DAYS OR UNITS	162. CHARGES	163. DAYS OR UNITS
164. PROCEDURE CODE (SAME MOD.)	165. CHARGE CODE	166. DAYS OR UNITS	167. CHARGES	168. DAYS OR UNITS
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209. PROCEDURE CODE (SAME MOD.)	210. CHARGE CODE	211. DAYS OR UNITS	212. CHARGES	213. DAYS OR UNITS
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569. PROCEDURE CODE (SAME MOD.)	570. CHARGE CODE	571. DAYS OR UNITS	572. CHARGES	573. DAYS OR UNITS
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579. PROCEDURE CODE (SAME MOD.)	580. CHARGE CODE	581. DAYS OR UNITS	582. CHARGES	583. DAYS OR UNITS
584. PROCEDURE CODE (SAME MOD.)	585. CHARGE CODE	586. DAYS OR UNITS	587. CHARGES	588. DAYS OR UNITS
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594. PROCEDURE CODE (SAME MOD.)	595. CHARGE CODE	596. DAYS OR UNITS	597. CHARGES	598. DAYS OR UNITS
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614. PROCEDURE CODE (SAME MOD.)	615. CHARGE CODE	616. DAYS OR UNITS	617. CHARGES	618. DAYS OR UNITS
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634. PROCEDURE CODE (SAME MOD.)	635. CHARGE CODE	636. DAYS OR UNITS	637. CHARGES	638. DAYS OR UNITS
639. PROCEDURE CODE (SAME MOD.)	640. CHARGE CODE	641. DAYS OR UNITS	642. CHARGES	643. DAYS OR UNITS
644. PROCEDURE CODE (SAME MOD.)	645. CHARGE CODE	646. DAYS OR UNITS	647. CHARGES	648. DAYS OR UNITS
649. PROCEDURE CODE (SAME MOD.)	650. CHARGE CODE	651. DAYS OR UNITS	652. CHARGES	653. DAYS OR UNITS
654. PROCEDURE CODE (SAME MOD.)	655. CHARGE CODE	656. DAYS OR UNITS	657. CHARGES	658. DAYS OR UNITS
659. PROCEDURE CODE (SAME MOD.)	660. CHARGE CODE	661. DAYS OR UNITS	662. CHARGES	663. DAYS OR UNITS
664. PROCEDURE CODE (SAME MOD.)	665. CHARGE CODE	666. DAYS OR UNITS	667. CHARGES	668. DAYS OR UNITS
669. PROCEDURE CODE (SAME MOD.)	670. CHARGE CODE	671. DAYS OR UNITS	672. CHARGES	673. DAYS OR UNITS
674. PROCEDURE CODE (SAME MOD.)	675. CHARGE CODE	676. DAYS OR UNITS	677. CHARGES	678. DAYS OR UNITS
679. PROCEDURE CODE (SAME MOD.)	680. CHARGE CODE	681. DAYS OR UNITS	682. CHARGES	683. DAYS OR UNITS
684. PROCEDURE CODE (SAME MOD.)	685. CHARGE CODE	686. DAYS OR UNITS	687. CHARGES	688. DAYS OR UNITS
689. PROCEDURE CODE (SAME MOD.)	690. CHARGE CODE	691. DAYS OR UNITS	692. CHARGES	693. DAYS OR UNITS
694. PROCEDURE CODE (SAME MOD.)	695. CHARGE CODE	696. DAYS OR UNITS	697. CHARGES	698. DAYS OR UNITS
699. PROCEDURE CODE (SAME MOD.)	700. CHARGE CODE	701. DAYS OR UNITS	702. CHARGES	703. DAYS OR UNITS
704. PROCEDURE CODE (SAME MOD.)	705. CHARGE CODE	706. DAYS OR UNITS	707. CHARGES	708. DAYS OR UNITS
709. PROCEDURE CODE (SAME MOD.)	710. CHARGE CODE	711. DAYS OR UNITS	712. CHARGES	713. DAYS OR UNITS
714. PROCEDURE CODE (SAME MOD.)	715. CHARGE CODE	716. DAYS OR UNITS	717. CHARGES	718. DAYS OR UNITS
719. PROCEDURE CODE (SAME MOD.)	720. CHARGE CODE	721. DAYS OR UNITS	722. CHARGES	723. DAYS OR UNITS
724. PROCEDURE CODE (SAME MOD.)	725. CHARGE CODE	726. DAYS OR UNITS	727. CHARGES	728. DAYS OR UNITS
729. PROCEDURE CODE (SAME MOD.)	730. CHARGE CODE	731. DAYS OR UNITS	732. CHARGES	733. DAYS OR UNITS
734. PROCEDURE CODE (SAME MOD.)	735. CHARGE CODE	736. DAYS OR UNITS	737. CHARGES	738. DAYS OR UNITS
739. PROCEDURE CODE (SAME MOD.)	740. CHARGE CODE	741. DAYS OR UNITS	742. CHARGES	743. DAYS OR UNITS
744. PROCEDURE CODE (SAME MOD.)	745. CHARGE CODE	746. DAYS OR UNITS	747. CHARGES	748. DAYS OR UNITS

MOMS Licensed Midwife

(Referral arrangement with HSS)

Category of Service 0525 – Specialty Code 159 on file; and must be entered on claim

Procedure Code	Description	Maximum Fee
59400	Routine obstetric care, including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and (inpatient and outpatient) postpartum care (total, all-inclusive, “global” care)	\$1,440
59409	Vaginal delivery only (with or without episiotomy, and/or forceps); (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M Code(s) for postpartum care visits*)	883
59410	including (inpatient and outpatient) postpartum care	960
New 594258*	Antepartum care only; 4-6 visits (includes reimbursement for one initial antepartum encounter (\$69.00) and five subsequent encounters (\$59.00) . If less than 6 antepartum encounters were provided, adjust the amount charged accordingly).	364
New 59426*	Antepartum care only; 7 or more visits (includes reimbursement for one initial antepartum encounter (\$69.00) and eight subsequent encounters (\$59.00) . If less than 9 antepartum encounters were provided, adjust the amount charged accordingly. For 6 or less antepartum encounters, see code 59425.)	541
59430	Postpartum care only (outpatient) (separate procedure)	59
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and (inpatient and outpatient) postpartum care, after previous cesarean delivery (total, all-inclusive, “global” care)	1,440
59612	Vaginal delivery only; after previous cesarean delivery (with or without episiotomy and/or forceps); (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum care visits)	883
59614	including (inpatient and outpatient) postpartum care	960

* Providers should bill the appropriate code after all antepartum care has been rendered using the last antepartum visit as the date of service.

NOTE: Hospital E/M codes cannot be billed with specialty code 159. A separate claim must be submitted if billing for inpatient hospital visits.

MOMS Licensed Midwife

(Referral arrangement with HSS - enter Specialty Code 159 on claim)

Other Procedures and Tests

59025	Fetal non-stress test	\$70
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MOMS LICENSED MIDWIFE – REFERRAL ARRANGEMENT WITH HSS

3 PROVIDER ID NUMBER 01415283		34 SERVICE PROVIDER SOURCE NUMBER		35 PLACE OF SERVICE ADDRESS		36 CODE		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
1 PROVIDER ID NUMBER 01415283		34 SERVICE PROVIDER SOURCE NUMBER		35 PLACE OF SERVICE ADDRESS		36 CODE		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
1 PROVIDER ID NUMBER 01415283		34 SERVICE PROVIDER SOURCE NUMBER		35 PLACE OF SERVICE ADDRESS		36 CODE		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
1 PROVIDER ID NUMBER 01415283		34 SERVICE PROVIDER SOURCE NUMBER		35 PLACE OF SERVICE ADDRESS		36 CODE		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	

[illegible]

MOMS Licensed Midwife

(PCAP contractor)

Category of Service 0525 - Specialty Code 159 on file; and must be entered on claim

Procedure Code	Description	Maximum Fee
59409	Vaginal delivery only (with or without episiotomy, and/or forceps); (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M Code (s) for postpartum care visits*)	\$883
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum care visits.	883

NOTE: Hospital E/M codes cannot be billed with specialty code 159. A separate claim must be submitted if billing for inpatient hospital visits.

MOMS LICENSED MIDWIFE – PCAP CONTRACTOR

1 PROVIDER CL NUMBER		2 INVOICE NUMBER		3 BILLING DATE		4 GROUP ID NUMBER		5 CLINIC SPECIALTY CODE		6 EXTENSIVITY OF SERVICE CODE		7 LOCAL YEAR CODE		8 ORIGINAL CLAIM REFERENCE NUMBER		9 ONLY TO BE USED TO ADJUST OR VOID A PMS CLAIM	
01416263		14256 6214		07/15/02				03		159 0525		03					
3		11 PROVIDER ID NUMBER		12 DATE OF BIRTH		13 SEX		14 LAST		15 FIRST		16		17		18 OFFICE USE ONLY	
GLENDA JACKSON		CASE		LN		M		F		X		SMITH MARILYN		37			
300 WEST STATE STREET		18 CODING METHOD		19 DIAGNOSIS CODE		20 PRIMARY		21 SECONDARY		22 EMERGENCY		23		24		25	
ANYTOWN, NY 12230		V22*1		X1		X2		X3		X4		X5		X6		X7	
21 SERVICE PROVIDER CLINIC#2 NUMBER		22 TYPE		23 NAME		24 CROSSING/STREET NUMBER		25 CROSSING/STREET NAME		26		27		28		29	
ADDRESS		TYPE		NAME		CROSSING/STREET NUMBER		CROSSING/STREET NAME		30		31		32		33	
37 OTHER PROVIDING/COORDINATING PROVIDER CLINIC#3 NUMBER		38 TYPE		39 NAME		40 CROSSING/STREET NUMBER		41 CROSSING/STREET NAME		42		43		44		45	
ADDRESS		TYPE		NAME		CROSSING/STREET NUMBER		CROSSING/STREET NAME		46		47		48		49	
3		37		38		39		40		41		42		43		44	

[illegible]

MOMS Nurse Practitioner

(Referral arrangement with HSS)

Category of Service 0469 - Specialty Code 159 on file; and must be entered on claim

Procedure Code	Description	Maximum Fee
New 59425*	Antepartum care only; 4-6 visits (includes reimbursement for one initial antepartum encounter (\$69.00) and five subsequent encounters (\$59.00). If less than 6 antepartum encounters were provided, adjust the amount charged accordingly).	364
New 59426*	Antepartum care only; 7 or more visits (includes reimbursement for one initial antepartum encounter (\$69.00) and eight subsequent encounters (\$59.00). If less than 9 antepartum encounters were provided, adjust the amount charged accordingly. For 6 or less antepartum encounters, see code 59425.)	541
59430	Postpartum care only (outpatient) (separate procedure)	59

- Providers should bill the appropriate code after all antepartum care has been rendered using the last antepartum visit as the date of service.

Sample 5

MOMS NURSE PRACTITIONER – REFERRAL ARRANGEMENT WITH HSS

MEDICAL ASSISTANCE HEALTH INSURANCE CLAIM FORM		TITLE XIX PROGRAM		ORIGINATOR OF SERVICE 0469	SECURITY CODE 159	ONLY TO BE USED TO ADJUST/VOID ID CLAIM	CODE A V	ORIGINAL CLAIM REFERENCE NUMBER
PATIENT AND INSURED (SUBSCRIBER) INFORMATION								
1. PATIENT'S NAME (First name, middle initial, last name) Sara Green		2. PATIENT'S BIRTH DATE 73		2A. TOTAL ANNUAL FAMS V INCREASE		3. INSURED'S NAME (First name, middle initial, last name)		
4. PATIENT'S ADDRESS (Street, City, State, Zip Code)		5. PATIENT'S SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>		5A. INSURED'S SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		6. MEDICARE NUMBER		6A. MEDICARE NUMBER GROUP NO. B1N1512151131T
6C. PATIENT'S EMPLOYER, OCCUPATION OR SCHOOL		7. PATIENT'S RELATIONSHIP TO INSURED SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>		8. INSURED'S EMPLOYER OR OCCUPATION		8B. PRIVATE INSURANCE NUMBER		8C. PRIVATE INSURANCE GROUP NO.
8. OTHER HEALTH INSURANCE COVERAGE - Enter Name of Policy Holder, Plan Name and Address, and Policy or Private Insurance Number		9. WAS CONDITION RELATED TO PATIENT'S EMPLOYMENT <input type="checkbox"/> CRIME VICTIM <input type="checkbox"/> AUTO ACCIDENT <input type="checkbox"/> OTHER LIABILITY <input type="checkbox"/>		10. DATE		11. INSURED'S ADDRESS (Street, City, State, Zip Code)		
12. PATIENT'S OR AUTHORIZED SIGNATURE		13. INSURED'S SIGNATURE						
PHYSICIAN OR SUPPLIER INFORMATION (REFER TO REVERSE BEFORE COMPLETING AND SIGNING)								
14. DATE OF ONSET OF CONDITION		15. FIRST CONSULTED FOR CONDITION		16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS YES <input type="checkbox"/> NO <input type="checkbox"/>		16A. EMERGENCY RELATED YES <input type="checkbox"/> NO <input type="checkbox"/>		17. DATE PATIENT MAY RETURN TO WORK
18. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		18A. ADDRESS (OR SIGNATURE ZIP ONLY)		18B. TYPE		18C. IDENTIFICATION NUMBER		18D. SURGERY DATE
19. FOR SERVICES RELATED TO HOSPITALIZATION, GIVE HOSPITALIZATION DATES		20. NAME OF HOSPITAL		20A. SURGERY DATE		20B. TYPE OF SURGERY		20C. TYPE OF SURGERY
21. NAME OF FACILITY WHERE SERVICES RENDERED (If other than home or office)		21A. ADDRESS OF FACILITY		22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE YES <input type="checkbox"/> NO <input type="checkbox"/>		22A. LABORATORY CHARGES		22B. CHARGES
23A. SERVICE PROVIDER NAME		23B. TYPE		23C. IDENTIFICATION NUMBER		23D. EPSTOY OTHER		23E. IDENTIFICATION NUMBER
23F. POSSIBLE DISABILITY		23G. PHCP		23H. IDENTIFICATION NUMBER		23I. FAMILY PLANNING		23J. IDENTIFICATION NUMBER
23K. PRIOR APPROVAL NUMBER		23L. IDENTIFICATION NUMBER		23M. IDENTIFICATION NUMBER		23N. IDENTIFICATION NUMBER		23O. IDENTIFICATION NUMBER
24. DIAGNOSIS OR NATURE OF ILLNESS - Indicate diagnosis to procedure in column 24F by reference to numbers 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 00.								
24A. DATE OF SERVICE	24B. PLACE TYPE	24C. SOURCE CODE	24D. FULLY DESCRIBE PROCEDURE, MEDICAL SUPPLY OR SUPPLY FURNISHED FOR EACH DATE WHEN EXPLAIN MEDICAL SERVICES OR EQUIPMENT	24E. SOURCE CODE	24F. DAYS OR UNITS	24G. CHARGES	24H. AMOUNT PAID	24I. BALANCE DUE
07 01 02	1	5194215	Antepartum care - 3 visits 1-initial, 2 subsequent visits	V12 2 1	1	\$187.00		
07 28 02	1	5194310	Postpartum care only	V12 2 1	1	59.00		
25. CERTIFICATION (I CERTIFY THAT THE STATEMENTS ON THE REVERSE SIDE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.)								
25A. PROVIDER IDENTIFICATION NUMBER 02215263			25B. DATE ISSUED 07 30 02			25C. MEDICARE GROUP IDENTIFICATION NUMBER 013		
25D. MEDICARE GROUP IDENTIFICATION NUMBER			25E. LOCAL TON CODE			25F. SALVAGE CODE		
25G. COUNTY OF SUBMITTAL			25H. INVOICE NUMBER 44352 4558			25I. TOTAL CHARGE		
25J. AMOUNT PAID			25K. BALANCE DUE			25L. AMOUNT PAID		
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